

ASC Newsletter

April 2003



Indiana State
Department of Health

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2000 NFPA 101 Life Safety Code Adopted

The 2000 Edition of the NFPA (National Fire Protection Association) 101 Life Safety Code has been adopted by the Centers for Medicare & Medicaid Services (CMS). This was effective March 11, 2003. Facilities have until September 11, 2003 to come into compliance. During the interim period, we will continue to survey using the 1981 and 1985 codes, as in the past. However, as many areas of the 2000 Code are less restrictive than the 1981 and 1985 Codes, we will take into account provisions of all these codes when conducting surveys. For instance, if we find an item that is not in compliance with the 1985 Code but meets the 2000 code, we will not expect you to make extensive or expensive renovations to correct something that is actually in compliance, since the code was changed in March. Facilities that employ roller-type door latches will not be allowed to continue their use. However, facilities will be given 3 years to replace them.



If you have questions regarding this or other Life Safety Code issues, contact Rick Powers at rpowers@isdh.state.in.us or 317-233-7471.

% of 2001 Procedures by Anatomical Group



Utilization and Outcome Reporting

ISDH is beginning its annual analysis of more than 300 filed 2002 quarterly ASC reports. Please submit any 2002 reports not yet filed. ISDH expects to complete its analysis within the next 90 days.

This packet includes the instructions, diskette, and paper forms for the 1st quarter of 2003. This diskette can be used for 4th quarter reporting.

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Pain and Injury Orthopaedic Guidelines

The American Academy of Orthopaedic Surgeons has published its clinical guidelines on pain and injury of the lower back, knee, shoulder, hip, wrist, and ankle. The guidelines may be used as an educational tool when interacting with patients and may enhance the diagnoses and treatment of musculoskeletal conditions. The AAOS article can be found at <http://www.aaos.org/wordhtml/>

CPT Changes in 2003

J.T. Preskitt, MD, FACS, reviews an overview of changes in the AMA Current Procedure Terminology (CPT) codes for 2003. The article appears in the 2/03 Bulletin of the American College of Surgeons (Volume 88, Number 2) review coding changes in procedures of the skin, laparoscopic, colon-rectal, and peritoneum procedures. The ACS article can be found at http://www.facs.org/fellows_info/bulletin/bullet.html

NPSF Phase I Final Report

The National Patient Safety Foundation (NPSF) has released the Phase I Final Report on its Ambulatory Surgery in the Office Setting Initiative. The report was a result of 6/3/02 workshop of key health professional organizations that met to discuss ways to ensure that the same quality of care is received in inpatient and/or outpatient settings. The Phase I Report outlined goals to achieve that objective include developing educational tools for the surgical professional team focused on safety sciences relevant to Office Based surgery, and promoting accreditation. For more information, see Web site of National Patient Safety Foundation at <http://www.npsf.org/html/pressrel/10Oct02.html>

Patient Safety



To detect potentially preventable medical errors, surgical centers affiliated with organizations using SASS software may want to review a new Web-based tool that can identify when errors occur, why it occurs and how to develop strategies to improve patient safety. The Agency for Healthcare Research and Quality has released its software online. The Patient Safety Indicators tool uses secondary diagnoses to detect 26 adverse events, such as complications of anesthesia, blood clots in the legs following surgery, and fracture following surgery. The AHRQ site on safety indicators can be found at <http://www.ahrq.gov/qual/errorsix.htm>.

HIPAA Compliance

As all health care organizations approach the deadline for HIPAA compliance, you are reminded that the ISDH licensure, inspection, and data collection activities are conducted under a HIPAA exception for "health oversight." ASCs do not need authorization from patients prior to releasing protected health information to the state agency, and there is no need to execute a business associate agreement with the state agency. The American College of Surgeons Web site has several links to aid in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). The ACS site can be seen at http://www.facs.org/fellows_info/bulletin/bullet.html

License Renewal

In May, roughly one half of the ASCs will receive a request to complete and return an Application for License to Operate an ASC (State Form 9340). In November, the remaining ASCs will receive the same packet. After each application is received and mailed, we will return the license by regular mail. You are reminded to include off-site locations when you return the application.

Informal Dispute Resolution

The Acute Care Division has revised its informal dispute resolution (IDR) to be compatible with the ISDH Long Term Care Division. The Regulatory Services Informal Dispute Resolution Report (State Form 50057 [with instructions] (R2/103) is available on the Web at <http://www.in.gov/isdh/regsvcs/acc/forms/index.htm>

Median Revenue

The Medical Group Management Association reported the average surgery centers reported median revenue of \$2, 427,490 for calendar year 2001.



Is Your ASC Appropriately Certified?

Histopathology testing is categorized as high complexity testing under the Clinical Laboratory Improvement Amendment of 1988 (CLIA). Frozen section histopathology testing must be performed under a CLIA certificate for each location where the testing is performed and that certification must reflect approval in the subspecialty of histopathology. The director of this service must meet the qualifications required for performing histopathology testing found in the 42 Code of Federal Regulations Part 493, Subpart M.

Reminder

Federally certified ASCs must meet 42 CRF 416.2 and the Interpretive Guideline: "The ASC may not perform a surgical procedure on a Medicare patient, when, before surgery, an overnight hospital stay is anticipated." ISDH surveyors will be monitoring these cases, and cases will be forwarded to CMS for review and action.

Featured ASC Rule (410 IAC 15-2 © (5) (G))

Governing Body; powers and duties

Ensuring cardiopulmonary resuscitation (CPR) competence in accordance with current standards of practice and center policy for all health care workers who provide direct patient care.

The definition of health care workers includes health care providers, i.e. physicians. Therefore, administrators should ensure that policies and procedures are established that define which physicians provide direct patient care and what methods/means they will use to assure CPR competency.



Seeking Smallpox Volunteer Vaccinators

On March 20, 2003, State Health Commissioner Greg Wilson, M. D. says that "Indiana has made good progress in being prepared to provide medical care and conduct field investigations of smallpox cases in the unlikely event of a release." Dr. Wilson said, "When we look at our emergency preparedness needs, we realize that we must expand our vaccinator work force by training more volunteers."

These volunteers do not have to be vaccinated prior to a release of smallpox.

Health professionals who wish to volunteer for training as smallpox vaccinators should contact their local health department or fill out a form on the Indiana State Department of Health Web site at <http://www.in.gov/isdh>. Training sessions are being scheduled at this time.

Telephone Directory by Topic

ASC Program & Procedure Changes

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Plan Review

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Data Reporting

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We're on the Web!
www.IN.gov/isdh

ASC Information on ISDH Web Site

- ◆ Directory (with quarterly updates)
- ◆ Laws/Rules/Regulations (USA & IN)
- ◆ ASC Licensing Form
- ◆ Surgical Report
- ◆ Links to QA organizations

www.IN.gov/isdh/regsvcs/providers.htm

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